



THIS FORM REMAINS
IN STATE FINANCE

Control Number

REQUEST FOR WARRANT TO REPLACE PAYROLL DIRECT DEPOSIT & PAYROLL TRANSACTIONS

Name:

Employee Number:

Address:

/ /

Home Agency/Org/Dist. No.

City

State

Zip

PLEASE INDICATE HOW CHECK WILL BE DELIVERED (MARK ONE)

Picked Up

Mailed

Mail in attached
envelope

Put check with
payroll

WARRANT NUMBER _____

(To be assigned by Accounting Operations)

AMOUNT

TODAY'S DATE

MM/DD/YYYY

PAYROLL DATE

MM/DD/YYYY

Reason for Warrant:

Direct Deposit

Payroll Transaction

Explanation:

Explanation:

Transaction verified by:

Today's Date:

MM/DD/YYYY

STATE ACCOUNTANT OR AUTHORIZED AGENT

STATE PAYROLL COORDINATOR

☐ PICKED UP ☐ MAILED

BY: _____

DATE: _____
MM/DD/YYYY